## Agreement to Furnish Meals for the Summer Food Service Program (SFSP)

rms ag	reement is made a	na emerea 11	Name of FSMC Providing Meals  WHEREAS the agrees to prov  Name of FSMC Providing Meals					and	
								vide daily	
Nar	ne of SFSP Organizatio	n			Name of FSMC Providing Meals				
unitize	<b>d</b> meals/snacks (in	clusive/excl	usivo	e) of milk/juice	e to _			for the rate	es herein listed
	`	Circle one optio	n	•		Name of SFSP Organiz	zation		
	Price per Meal	Meal Type	X	# Meals Needed Per Day	X	# of Operating Days for Contract Period *	=	Estimated Total Cost of Food Service Contract	
	\$	Breakfast	X		X		=	\$	
	\$	AM Snack	X		X		=	\$	
	\$	Lunch	X		X		=	\$	
	\$	PM Snack	X		X		=	\$	
	\$	Supper	X		X		=	\$	
						Total Estimated Cost of Service for Contract Pe	riod	\$	
	*The contract period s site(s) will be open for	should not extend food service dur	l beyo	ond one year. There	efore,	the number of operating da	ys shou	lld equal the total number of d	ays the
It is fur	ther agreed that _			,	purs	suant to the provisions	of th	e SFSP Federal regulat	ions, 7 CFR
								will ensure that meals/s	
minimu	ım meal pattern re	quirements, i	nclu	iding creditable	e cor	nponents and accurate	e port	ion sizes, and will main	tain complete
								ivery of meal/snacks or	
records	will be provided t	.0		Sponsoring Orga	nizat	ion	_ proi	mptly by the last calend	ar day of
				further unders	stood	l that the <b>Sponsor</b> is u		tely responsible for me	
record	keeping requireme	ents and subn	11551	on of all month	ily c	laims for reimbursem	ent in	accordance with 7 CFI	R 225.
Na	me of Sponsoring Orga	nization		_ acknowledge	s its	responsibility to pay	for all	l meals/snacks delivered	d in accordance
with th	is Agreement and	federal regul	atio	ns				understan	ds that neither
USDA.	nor Bright from t	he Start assu	mes	any liability fo	r pa	Name of FSMC yment of meals/snack	s deli	vered, or the difference	s between the
								r reimbursement; nor do	
the Star	rt or USDA assum	e liability for	the	Sponsor's non	-pay	ment for meals.			
	Name of FSM	<u> </u>		agree	s to	retain all required rec	ords ı	under the preceding clar	use for a period
of three			r, fro	om the date of	recei	ipt of final payment u	nder t	his agreement (or longe	er, if an audit is
								available to Bright Fror	
_	•	•		•	any	of its Agents, and the	e Gen	eral Accounting Office	for audit or
admini	strative review im	mediatery up	OH T	equest.					
This ag	reement shall be e	effective as of	f	Doto: MM/DD/87	th	rough		The Agreement may be	e terminated by
						10 days prior to the d			
IN WIT	TNESS THEREOF	F, the parties	here	eto have execut	ed tł	nis agreement as of the	e date	es indicated below:	
Signatu	re and Title of FSM	MC	-			Signature and Tit	le of S	SFSP Organization	
Date: N	MM/DD/YY		_			Date: MM/DD/Y	Y		

This institution is an equal opportunity provider.